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Application Number	09/781,107
Filing Date	02/08/01
First Named Inventor	Matthew Murnaghan
Art Unit	2682
Examiner Name	Craver, Charles R.
Attorney Docket Number	034300-140

ENCLOSURES (check all that apply)								
Fee Transmittal Form	☐ Drawing(s)	After Allowance Communication to TC						
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences						
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
After Final	Petition to Convert to a Provisional Application	Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):						
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address							
Extension of Time Request	Terminal Disclaimer							
Express Abandonment Request	Request for Refund  CD, Number of CD(s)	REQUEST FOR CONTINUED EXAMINATION, CREDIT CARD TRANSMITTAL IN THE AMOUNT OF \$1810, POSTCARD						
Information Disclosure Statement	☐ Landscape Table on CD	·						
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53	Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm THELEN REID & PRIEST								
Signature	through							
Printed Name	Khaled Shami							
Date	12/29/05 Reg. No. 38,745							
	CERTIFICATE OF TRANSMISSION/MA							
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Typed or printed name Ruth Ro	driguez	Date \U\U\U\U						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Effective on 12/0 Fees pursuant to the Consolidated Appro	8/2004. priations Act. 2005 (H.R. 4818).	Complete if Known		
<b>,</b>			09/781,107	
FEE TRANS	SMITTAL	Filing Date	02/08/01	
for FY 2	2005	First Named Inventor	Matthew Murnaghan	
☐ Applicant claims small entity s	tatus. See 37 CFR 1.27	Examiner Name	Craver, Charles R.	
		Art Unit	2682	
TOTAL AMOUNT OF PAYMENT	(\$) 1810	Attorney Docket No.	034300-140	

METHOD OF PAYMENT (check all that apply)										
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :										
Deposit Account Deposit Account Number: 50-1698  Deposit Account Name: THELEN REID & PRIEST										
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FEE CALCULATION										
1. BASIC FILING, SEA			ATION FE			•		<del>-</del>		
	FILING F	EES Small Enti	4.,	SEA	RCH F	EES Small Entity		TION FEES		
Application Type	Fee (\$)	Fee(\$)	ity	Fee(		Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)	
Utility	300	150		500	_	250	200	100		
Design	200	100		100		50	130	65		
Plant	200	100		300		150	160	80		
Reissue	300	150		500		250	600	300		
Provisional	200	100		0		0	0	0		
2. EXCESS CLAIM FEES								Small Entity		
Fee Description								<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (inc Each independent claim			ccuec)					50 200	25 100	
Multiple dependent cla		cidding itei	33463)					360	180	
Total Claims					Fee Paid (\$)			<u>Multiple</u>	Multiple Dependent Claims	
20 or HP= x				=				Fee (\$) Fee Paid (\$)		
HP = highest number of	•		er than 20.							
Indep. Claims	Extra C		<u>Fee(\$)</u>		Fee P	'aid (\$)				
- 3 or HP=		X	16 45	=		_				
HP = highest number of	•	laims paid for	, if greater th	an 3.						
3. APPLICATION SIZE  If the specification and d		eed 100 she	ets of nane	r (exc	luding é	electronically	filed sequence of	r computer		
listings under 37	CFR 1.52(e	)), the appli	cation size	fee d	ue is \$2	50 (\$125 for s	small entity) for	each additional	50	
sheets or fraction		e 35 U.S.C.	41(a)(1)(C	i) and	37 CFF	R 1.16(s).		(0)	5 D 11(A)	
<u>Total Sheets</u>	Extra She						raction thereo	f <u>Fee (\$)</u>	Fee Paid (\$)	
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4. OTHER FEE(S)	'.C'	120 6 (	114						Fees Paid (\$)	
Non-English Spe						700-1252/725	= \$1020			
Other (e.g., late filing surcharge): TRP/PTO CODE - 1801/720 = \$790; 1253/725 = \$1020										
SUBMITTED BY										

SUBMITTED BY				
Signature	HANNES	Registration No. (Attorney/Agent) 38,745	Telephone	408-292-5800
Name (Print/Type)	Khaled Shami		Date 12	129/05

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